



Chinese Hospital



CCHP



2009 Seasonal Vaccination Reimbursement for members of Chinese Community Health Plan (CCHP) and Chinese Community Health Care Association (CCHCA)

2009 年預防流感疫苗注射報銷申請表 祇限華人保健計劃及華美醫師協會會員使用

MEMBER INFORMATION (Please Print)   會員資料 (請用正楷填寫)		
Member Name   會員姓名	<input type="checkbox"/> Male   男 <input type="checkbox"/> Female   女	Birth Date   出生日期
Member's Address   會員住址		Daytime Contact #   日間聯絡電話
Name of your current medical insurance company   您現時醫療保健公司名稱		Member ID #   會員號碼
Facility Name and Address where vaccination was received   接受疫苗注射的機構名稱及地址		Date of Vaccination   接受疫苗注射日期
Cost of Vaccination (Reimbursement limit up to \$25 dollars)   疫苗注射的費用 (最高報銷額為\$25.00)		\$ _____
Submit your reimbursement voucher and <b>ORIGINAL RECEIPT</b> : 請用以下一種方法提交此申請表及 <b>收據正本</b> :		
By Mail   郵寄: CCHP, 445 Grant Ave., Ste.700, San Francisco, CA 94108		
In Person   親臨: CCHP Member Services, 835 Jackson Street, San Francisco, CA 94133		
Questions   查詢請電: 415-834-2118		

For Office Use Only:			
Date Received: _____	By: _____	Ck#: _____	Date Sent: _____